

AGAINST EXPECTATIONS: A DOE'S TRIUMPH IN PER VAGINAL DELIVERY OF SCHISTOSOMUS REFLEXUS WITH AN UNKNOWN LINEAGE

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Abstract

Dystocia in ruminants is a common occurrence, but dystocia due to Schistosomus reflexus is a rare anomaly that primarily occurs during embryonic development of fetuses. This report presents a case of a Non Descriptive Doe suffering from Schistosomus reflexus who was successfully treated and delivered through per-vaginal by manual traction. The exact cause of this anomaly is yet to be determined, but it is believed to occur due to genetic factors, chromosomal anomalies, and environmental or infectious agents or a combination of any of these factors. The animal experienced an uneventful recovery and was treated with Endroflaxin, Oxytocin, Flunixin meglumine, Chlorphenaramine maleate, and Meloxicam for two days. Schistosomus reflexus is rare in goats, but similar cases in co-twins have been reported previously. This type of dystocia can be corrected either through obstetrical mutation, fetotomy, or caesarean sections. Therefore, it is crucial for veterinary professionals to be aware of Schistosomus reflexus and its treatment options when handling dystocia cases in ruminants.

Keywords: Schistosomus reflexus, dystocia, per-vaginal delivery, ruminants, manual traction.

Introduction

Dystocia is a common problem encountered in veterinary medicine, particularly in ruminants. Schistosomus reflexus is a rare anomaly that primarily occurs during embryonic development of fetuses in ruminants. It is characterized by spinal inversion, limb ankylosis, and exposure of the abdominal viscera. The exact cause of this anomaly is yet to be determined, but it is believed to occur due to genetic factors, chromosomal anomalies, and environmental or infectious agents or a combination of any of these factors. This case report presents a Non Descriptive Doe with symptoms of dystocia due to Schistosomus reflexus who was successfully treated and delivered through per-vaginal by manual traction. The animal experienced an uneventful recovery and was treated with Endroflaxin, Oxytocin, Flunixin meglumine, Chlorphenaramine maleate, and Meloxicam for two days. Schistosomus reflexus is rare in goats, but similar cases in co-twins have been reported previously. This type of dystocia can be corrected either through obstetrical mutation, fetotomy, or caesarean sections. Hence, being aware of Schistosomus reflexus and its treatment options when handling dystocia cases in ruminants is crucial

for veterinary professionals. This report provides useful information for veterinarians and researchers on the management and diagnosis of Schistosomus reflexus.

Treatment and discussion

The ewe was restrained in left lateral recumbency on the examination table with soft bedding followed by epidural anesthesia was given with 1.5ml of 2% lignocaine between sacro-coccygeal joint. Since the genital tract was sufficiently relaxed and lubricated, the foetus was delivered per-vaginum by mild traction with hand on the forelimbs and by applying the small eye hook on the fetus inner cantus of the eye with simultaneous adjustment of the other foetal parts. Finally dead fetus was taken out. Afterwards, two Furea bolus were placed intra-uterine. There was absence of any apparent injury to the genital tract of the dam. The fetus weight is about 1.150 kg with grossly normal head with acute angulations of the vertebral column such that hind quarter lied close to the head. The diaphragm was intact and thoracic organs remained inside the thoracic cavity. The abdominal wall was not fully developed and all abdominal viscera remained outside under the cover of thin membrane. The animal was treated with Endroflaxin 2 ml, i/m, 10 IU of Oxytocin i/m, Flunixin meglumine @1.1mg/kg b.wt i/m, Chlorphenaramine maleate @ 0.5mg/kg b.wt i/m, Meloxicam @ 0.5mg/kg b.wt i/m for two days. The animal had an uneventful recovery (Fig.3).

Foetal monster with herniation of abdominal viscera and skeletal defects is referred to as Schistosomus reflexus. These observations are in consonance with the earlier findings of in a goat (Kalita *et al.*, 2004). A successful handling of dystocia due to Schistosomus reflexus by per vaginally in a goat by Suthar *et al.*, (2011) and in cow by Sheetal *et al.*, 2018. On other studies reviled partial foetotomy in a cow is reported by Selvaraju, *et al.* (2013) and in goat by Balaswamy, and Narasimha Rao, (1997); Kalita, *et al.* (2004); Kumar *et al.* (2016) and Nain, *et al.*, (2019). This type of fetal causes of dystocia can be corrected either by obstetrical mutation (Nain.*et al.*, 2019), fetotomy or caesarean section (Noakes, *et al.*, 2009). Although, the Schistosomus reflexus monster is rare in goat the similar cases in co-twins were reported by Kalita *et al.* (2004) and Suthar. *et al.*, (2011). Present case describes successful pervaginal delivery of Schistosomus reflexus monster in a Non descriptive doe by traction and mutation techniques.

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